

Name _____ SSN _____

I claim benefits for the week ending Saturday _____

ANSWER ALL QUESTIONS TRUTHFULLY and CERTIFY BY SIGNING BELOW

1. Were you able to work full-time during the week claimed? [] YES [] NO
- 1A. If you are in approved training, were you able to attend all scheduled approved training during the week claimed? [] YES [] NO
2. Were you available to work full-time? [] YES [] NO
3. Did you look for work? [] YES [] NO
If "YES," please enter your work search information on your work search log.
If "NO," explain in the Remarks section below.
4. During the week, did you refuse an offer of work, or refuse a referral to work, or miss work work that was scheduled for you? [] YES [] NO
If "YES," explain the reason you refused work in the Remarks section below.
5. During the week, did you receive a new pension (excluding social security) or if you previously reported a pension, did the amount of the pension increase? [] YES [] NO
If "YES," Amount Received \$ _____ Date Received _____
6. Did you work or earn money (including self-employment and commission sales) during the week claimed? [] YES [] NO
If "YES," Employer Name & Address _____

Dates Worked _____
Gross Wages Earned \$ _____ Number of Hours Worked _____
Are you still employed? [] YES [] NO
>> You must provide verification of your earnings before benefits can be paid.
If you worked for more than 1 employer enter the additional information under Remarks below.
7. Did you or will you receive Vacation Pay, Holiday Pay, Bonus Pay, Severance Pay, Dismissal Wages, Wages in Lieu of Notice or Terminal Pay? [] YES [] NO
If "YES," Type of Pay _____ Amount \$ _____ Date Paid _____
Employer Name & Address _____

8. If your name/address/telephone number has changed and you have not already reported this change to us, enter change in Remarks below.
9. Are you claiming benefits for dependent children? If "YES" complete a), b), and c) [] YES [] NO
a) Was your spouse employed **full-time** during the week claimed? [] YES [] NO
b) Does your spouse contribute some support to dependents? [] YES [] NO
c) Is there any change in the number of dependents claimed? [] YES [] NO
If "YES," enter the number you wish to claim _____ and explain the change in Remarks below. You will receive a dependency claim form to complete and return it promptly.

REMARKS:

CERTIFICATION: I certify that I am not seeking unemployment benefits from another state or federal system. My answers on this claim are true and I understand that it is a criminal offense to make false statements to obtain benefits.

➔ **SIGN HERE** _____ **Date** _____

Me. B-100 Web (rev. 08/2012)	For Office Use Only:	Date Claim Received/Postmarked	Date Paid	Agent
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